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The Role of Type of Caregiving and Attachment Style on the
Evaluation of Others' Relationships

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Areti Zikopoulos

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CAREGIVING AND ATTACHMENT STYLE

Abstract

Research has demonstrated that an adult's attachment style relates to preferences for different types of care following a distressing relationship experience (Collins, Ford, Guichard, & Allard, 2006; Tran & Simpson, 2009). One open question, however, is whether attachment styles are so pervasive that they also relate to the ways in which individuals judge other's relationships. Participants read one of four vignettes that described a mild relationship conflict in which the male partner expressed a form of instrumental care, emotional care, physical care, or provided no support to his female partner. The participants' own attachment styles were measured using the Adult Attachment Questionnaire (AAQ). Two hierarchical multiple regression analyses were run on the primary dependent variables—the participants' opinions on the overall evaluation of the relationship and whether or not they felt the couple would still be together after one year. Type of care condition and participants' attachment styles were not found to have any effect on their judgments of the relationship in the vignette. The implications of these findings are discussed.

CAREGIVING AND ATTACHMENT STYLE

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The Role of Type of Caregiving and Attachment Style on the Evaluation of Others' Relationships

The notion of attachment styles has been a topic of interest in psychological research for many decades, primarily because a person's attachment style can affect thoughts, feelings, and behaviors in important contexts throughout the lifespan. An individual's attachment style first develops in infancy, as a result of an evolutionary predisposition to bond with others and both disposition and situational circumstances (e.g., the consistency of the primary caregiver's nurturing behavior). While there is some evidence that an infant's attachment style persists, at least through early childhood, there has been some debate about whether attachment styles can change across the lifespan as a result of experiences with important others. What is not debatable is the fact that individuals' current attachment style relates to how they see the world. In this paper, I begin by reviewing these attachment styles in infancy and childhood, and follow the research on this topic throughout the lifespan. Ultimately, the goal of the current research is to examine the role of attachment style in the context of adult relationships.

Attachment Theory

Attachment theory first developed from Bowlby's (1951, 1969, 1982) observational studies of infants in the absence of their mothers or caregivers. A child who had a "normal" relationship with his or her mother and had never been separated from her before will likely move through three reaction phases during a lengthy separation. The first phase is known as protest, and may last up to a week. In this phase, according to Bowlby's (1960) observations, infants cry loudly, shake their cots, throw themselves

around, and eagerly look toward any sound that could mean their mother is returning. The next phase is despair. Infants in this phase experience hopelessness, withdrawal, and appear to be in a state of mourning. Finally, infants experience the third stage – detachment; Bowlby acknowledged this as a welcome sign of recovery. Infants in this stage accept food and toys from others, and begin to be sociable and friendly. If the mother returned while the infant was in this stage, the child showed little to no interest in her (Bowlby, 1960). One important conclusion that Bowlby drew from these data was that children who have warm, intimate, and constant relationships with their mothers (or caregivers) in which both the mother and the child find satisfaction grow up mentally healthy (Bowlby, 1951, p. 13). This type of relationship would later be identified as “secure attachment,” one of two broad types of attachment style that a child could develop.

Bowlby (1982) argued that infants’ propensity to seek closeness to their caregivers is an expression of an innate “attachment behavioral system.” When a child is frightened, ill, or in unfamiliar surroundings, the attachment behavioral system is activated, and the child seeks protection and comfort from an attachment figure (i.e., a nurturing caretaker; Bowlby, 1982; Bretherton, 1985). Because human children are dependent on adults for their protection, they develop an attachment style as an adaptive response to their environment that ensures their proximity to supportive others, and thereby safety and survival. Being close to attachment figures provides comfort, helps infants to develop a sense of trust and security, and eventually allows infants to explore their surroundings in an exhibit of healthy nonattachment behavior. Although the

attachment system is most critical during the early stages of life, Bowlby (1988) assumed that this system is active over the entire life span, which explains why attachment style might predict important outcomes even in adulthood.

Based on knowledge of Bowlby's theorizing, Ainsworth (1967) conducted one of the first empirical studies of the behavioral attachment system. Ainsworth created an assessment technique called the Strange Situation Classification (SSC) in order to discover how attachment patterns vary between children (see also Ainsworth & Wittig, 1969; Ainsworth et al., 1971, 1978). Infants were introduced to a room they had never been in before, with toys and other stimulants left for their exploration. The infants' behavior was then observed in a series of eight episodes: 1) mother, baby, and experimenter, 2) mother and baby alone, 3) stranger joins mother and infant, 4) mother leaves infant and stranger alone, 5) mother returns and stranger leaves, 6) infant left completely alone, 7) stranger returns, 8) mother returns and stranger leaves. Infants displayed three general behavior patterns throughout these episodes. Those who seemed distressed when their mother was gone, but were friendly to the stranger while she was present, and then happy and positive when the mother returned, were classified as securely attached. Those who showed signs of distress when their mother left, showed fear of the stranger, and then seemed cautious of the mother when she returned, were classified as anxiously attached. Finally, those who showed no signs of distress with the mother gone, were okay with the stranger in the room, and showed little interest when the mother returned, were classified as avoidant/ambivalent. Securely attached infants seemed to use their mother as a safe base through which to explore and play in their

environment. Anxious infants cried more and explored less than infants classified with the other two styles, and avoidant/ambivalent infants seemed to find equal comfort in both the mother and the stranger (Ainsworth, 1969). The results from Ainsworth's (1969) study outlined the three primary attachment styles that are still the focus of much research today.

It is important to note, however, that despite the connotations of the terms "secure" and "insecure," or "anxious" and "avoidant," there is nothing inherently problematic about having an insecure attachment style. Both secure and insecure attachments are adaptive and can be considered healthy. Depending on the environment one is in, it could be more beneficial to the individual to hold an insecure attachment style rather than a secure one, and therefore insecure attachment styles should not be considered negative, regardless of the connotation of the word. At this point, exactly how many attachment styles there are is a point of some contention; some researchers have argued for as few as two (secure vs. insecure [Simpson, Winterheld, Rholes, & Orina, 2007]), while others have argued for as many as three or four (Bartholomew & Horowitz, 1991; Collins, Ford, Guichard, & Allard, 2006; Overall, Simpson, & Struthers, 2013). Furthermore, there is some debate about how consistent attachment styles are over time, with the possibility of changes based on an individual's interactions with others across their lifetime (Kirkpatrick & Hazan, 1994).

Attachment Styles in Childhood

According to Bowlby's (1951, 1960, 1969, 1982) attachment theory, attachment styles should persist throughout the lifespan. In support of this contention, and

demonstrating the impactfulness of attachment styles, longitudinal research suggests that attachment styles during infancy predict behavior in childhood. For example, there is a relationship between avoidant attachment in infancy and negative behavior in the toddler and preschool period. An avoidant attachment pattern in infancy predicted both aggression and passive withdrawal among boys (but not among girls; Renken, Egeland, Marvinney, Mangelsdorf, & Sroufe, 1989), whereas maternal hostility at age 3.5 years predicted aggressive behavior in both sexes. Consistent with these findings, Sroufe, Fox, and Pancake (1983) found that groups of children who were classified as avoidant or resistant between 12-18 months tended to be very dependent in preschool and received more discipline from their teachers. Children who were classified as secure were ranked higher on a measure of “seeking attention in positive ways.” Similar patterns were found in a longitudinal study conducted by Boldt, Kochanska, and Jonas (2017), who assessed children’s attachment style at 15 months and continued to observe the children through preadolescence. For children who had been insecure in infancy, there was a correlation between rejection of parental rules and their parent’s ratings of externalizing behavior problems at ages 10-12 years. This pattern was not significant for children who had been securely attached in infancy. Further, for children who had been insecurely attached to their mothers in infancy, rejection of maternal rules was associated with future behavior problems; specifically, those who were more likely to reject their mothers’ rules at ages 2-5.5 years were rated as having more externalizing behavior problems at ages 10-12 years (Boldt et al., 2017). There is consistent evidence in the literature that suggests that children’s attachment style, resulting from their personal disposition, their environment,

or maternal rejection, hostility and unavailability in early childhood, has been related to important social variables in the preschool and childhood years (Egeland & Sroufe, 1981; Erickson et al., 1985; Londerville & Main, 1981; Sroufe, 1983; Troy & Sroufe, 1987).

Attachment Styles in Adulthood

Because it has been established that attachment style in infancy is related to behaviors during childhood, it is perhaps not surprising that one continues to see attachment style as a predictor of behavior in adulthood. However, it is much more difficult to obtain longitudinal data measuring an individual's attachment style from infancy all the way through adulthood, so claims of consistency in attachment style across the entire lifespan are difficult to draw from this work. The most typical approach to conducting research on attachment styles in adults is to measure attachment style at a specific point in time using a validated self-report or interview measure (without taking into account what a person's attachment style was in childhood). The results of this research, some of which are reviewed below, continue to reveal that attachment style is an important individual difference measure.

Some of the most fundamental characteristics of childhood attachment were identified by Weiss (1991). An example of one of these characteristics is elicitation by threat, where attachment behaviors (e.g., seeking proximity or contact with caregiver) are displayed when an individual feels anxious. Interestingly, these characteristics carry into interpersonal adult relationships as well, particularly in romantic relationships, parental relationships with adult children, adult relationships with aging parents, and the relationship between some adults with their therapists (Weiss, 1991). One difference

between attachment relationships in infancy and childhood and attachment relationships in adulthood is that infants' development of their initial attachment style is largely influenced by another's behavior: their relationship with and the actions of their caregiver. Adults enter interactions with others already having developed an attachment style, which has been shaped by decades of experience with attachment figures.

Regardless, one could argue that all attachments are ultimately about social survival - not wanting to be left behind (i.e., socially excluded or left out).

All three types of attachment styles – secure, anxious, and avoidant – have been found to relate to how adults respond to daily interactions. Anxious individuals, for example, report more intimacy in their daily interactions compared to avoidant individuals, whereas avoidant individuals report negative emotions after interactions with others (Pietromonaco & Feldman-Barrett, 1997). Bartholomew and Horowitz (1991) identified secure, fearful (anxious), preoccupied, and dismissing (avoidant) as their primary attachment styles, and then demonstrated that fearful subjects were most likely to report themselves as being overly passive in interpersonal problems, whereas dismissing subjects were more likely to report that they experienced problems related to a lack of warmth in social interactions. Preoccupied individuals were highly dependent on others to maintain positive self-regard, and they attempted to achieve this through a controlling (overly dominating) interpersonal style (Bartholomew & Horowitz, 1997). Research also shows that individuals with an anxious-ambivalent attachment style tend to experience a great deal of emotional reactivity, consistently reporting intense emotions (Collins & Read, 1990; Pietromonaco & Feldman-Barrett, 1997) and fluctuations in their feelings

(Hazan & Shaver, 1987). Those with an avoidant attachment, in comparison, generally report little emotion (Bartholomew & Horowitz, 1991; Collins & Read, 1990; Hazan & Shaver, 1987; Pietromonaco & Feldman-Barrett, 1997).

Attachment Styles in Romantic Relationships

The research just reviewed suggests that attachment styles relate to the ways in which people interact with others and experience daily interactions. Given the importance of romantic relationships in adulthood, the effects of attachment styles are particularly likely to be evident there. Infants' feelings of joy and distress are dependent on their attachment figures' perceived availability and responsiveness (Shaver & Hazan, 1988). Similarly, in adult romantic relationships, an adult lover's mood depends on his/her perception of the partner's reciprocation or rejection (Shaver & Hazan, 1988). Additionally, many characteristic attachment behaviors – kissing, holding, touching, caressing, eye contact, smiling, etc. – are also markers of adult romantic relationships. In infancy and childhood, separation from the attachment figure causes severe distress, initiates attempts at a reunion, and despair if a reunion is not possible (Shaver & Hazan, 1988; Weiss, 1991). Unwanted separation from a romantic partner also causes extreme discomfort, vigorous reunion efforts, and grief if a reunion is impossible (Shaver & Hazan, 1988). This pattern was observed in couples in airports, some of whom were separating and others of whom were not (Fraley & Shaver, 1998). Adults who were separating from their partners were more likely to hold onto, follow, and search for their partners, similar to the proximity seeking observed in childhood. Couples who were taking a trip together displayed subdued attachment behavior (Fraley & Shaver, 1998).

Even though there might be some consistency between the way that infants and adults respond in attachment-relevant situations, it may or may not be the case that these behaviors have the same root cause: While some research suggests that social inclusion is just as important for adults as it is for children (DeWall, 2013; Leary & Baumeister, 1995), it is less likely to be the case that an adult's survival literally depends on the care of an attachment figure.

Research has identified characteristics of romantic relationships that are generally associated with each attachment style. Securely attached individuals tend to score higher in terms of trust, commitment, relationship interdependence, and satisfaction (Simpson, 1990). Avoidantly and anxiously attached individuals report feeling more negative emotions in their relationships. The anxious attachment style is associated with less partner-reported interdependence and commitment, whereas the avoidant attachment style is associated with less partner-reported trust (Simpson, 1990). Securely attached individuals are also more likely to perceive others as well intentioned and good hearted, and hold more positive views of others than do insecure adults (Collins & Read, 1990; Hazan & Shaver, 1987). Insecure individuals generally hold more negative expectations about their romantic partner and tend to explain their partners' behavior in more negative terms (Baldwin, Fehr, Keedian, Seidel, & Thomson, 1993; Collins, 1996). In a later study, Mikulincer and Horesh (1999) hypothesized that these patterns might exist because there are projective mechanisms behind an insecure person's representations of others. Avoidant individuals tend to perceive themselves as different from others, and this tendency may come from projecting onto others certain traits that they do not want to

possess themselves. Anxious-ambivalent individuals' negative perceptions of others seem to stem from projecting onto another person traits that define their actual self. Avoidant individuals' negative perceptions seem to reflect the negative traits that they reject from their self-representation (Mikulincer & Horesh, 1999).

As research has shown, attachment styles relate to how an individual perceives others, but these styles also correlate with one's cognitive openness (i.e., how easy it is for one to integrate new information into existing schemas) in close relationships. Because securely attached individuals tend to be more confident in their ability to deal with stressful situations, they are also more comfortable incorporating new data into cognitive representations without feeling threatened by this information (even if they are momentarily confused, Mikulincer & Florian, 1998). Anxious-ambivalent individuals tend to feel negatively about social interactions and generally feel threatened by them, which may block their ability to take in new information. The confusion that comes with having to quickly address new information may increase their feelings of insecurity and distress, which impairs their ability to process new information (Mikulincer & Florian, 1998). Avoidant individuals may fail to process new information due to their tendency to repress painful/distressing memories and block threat-related cues (Mikulincer & Florian, 1998). Mikulincer and Arad (1999) found evidence to further support this link between attachment style and cognitive openness in close relationships. Secure adults were more likely than insecure individuals to change their perceptions of their partner following unexpected/out of character behaviors by that partner. This cognitive openness may allow these individuals to adjust to changes in their relationship and to develop more realistic

expectations about their partners, which can then lead to higher relationship satisfaction (Mikulincer & Arad, 1999).

Attachment Styles in Relationship Conflicts

When a conflict occurs in a romantic relationship, adults are particularly likely to exhibit behaviors, like support-seeking, caregiving, or avoidance, that are consistent with their current attachment style. Consistent with one of the fundamental tenets of attachment theory, this is likely to occur because the conflict has threatened the individual. Any type of threat, physical or psychological, automatically activates the attachment system (Mikulincer, Gillath, & Shaver, 2002). Some research shows that representations of attachment figures are almost always neurologically active in an individual's mind, and are therefore particularly likely to influence mental processes during a threatening situation, even if the threat was not relevant to their relationship and even if the representation of the attachment figure is not consciously accessible (Mikulincer et al., 2002).

In support of this idea, research has demonstrated that attachment styles affect how adults feel and behave in a direct, face-to-face conflict with a romantic partner. When asked to choose a topic for discussion that pertained to a characteristic or habit that participants would like to see changed in their partner, Tran and Simpson (2009) found that insecurely attached individuals felt more rejected during the interaction and less acceptance from their partners, and insecurely attached partners displayed fewer constructive behaviors during the interaction. Avoidantly attached individuals behaved more destructively (Tran & Simpson, 2009). Similar patterns were found even when the

relationship conflict was hypothetical (Collins, Ford, Guichard, & Allard, 2006).

Individuals high in anxious attachment, for example, responded to hypothetical partner transgressions by endorsing relationship-threatening explanations, holding their partner responsible for the transgression, and attributing their partner's behavior to something internal to the relationship. They felt more distress and guilt. Avoidant individuals, however, blamed themselves and were less likely to engage in conflict-minimizing behavior. They endorsed pessimistic attributions, reported less happiness and more distress, and endorsed behavioral intentions that were likely to damage the relationship, such as showing less appreciation and distancing themselves emotionally (Collins et al., 2006).

Attachment styles also relate to how individuals reassure and care for each other after a conflict. Research has identified three primary types of caregiving (Simpson et al., 2007): emotional (nurturance, reassurance, soothing), instrumental (rational, advice-based), and physical (physical contact). Secure attachment tends to be associated with more beneficial forms of caregiving, such as more responsive and less overinvolved care (Collins & Feeney, 2000). For example, Simpson, Rholes, and Nelligan's (1992) observational study found that secure men offered more emotional support as their partners displayed greater anxiety. Unsurprisingly, however, not all attachment styles are associated with great skill in the giving of social support to important others. Individuals who have an avoidant attachment are less likely to seek support in the first place, but when they do, they are more likely to use indirect strategies like hinting and sulking (Collins & Feeney, 2001). Avoidantly attached individuals also tend to be unresponsive

and controlling caregivers. They have self-reported that they lack sensitivity to their partner's signals and a willingness to provide physical comfort when their partner expresses distress. Feeney and Collins (2001) found that avoidant individuals provided the least support, of any type, when their partners needed it the most. Individuals who have an anxious attachment tend to be poor caregivers as well—providing less instrumental support, being less responsive, and displaying more negative support behaviors. Research has shown that anxious individuals provided low levels of support when their partner displayed less-effective support seeking strategies, but were more supportive if their partner's needs were clear (Collins & Feeney, 2001). Anxious individuals may also be overinvolved, intrusive, and controlling caregivers. They are ineffective in the sense that they tend to be intrusive, but they are not rejecting or unresponsive to their partner's needs.

Attachment styles also affect how adults prefer to be cared for after a conflict in a romantic relationship. During infancy, those who received more constructive, emotional forms of care from their caregivers, especially when they were distressed and their attachment systems were activated, became securely attached (Bowlby, 1969; Kuncé & Shaver, 1994). As adults, individuals with secure attachments respond more favorably to emotional forms of caregiving, especially when they are distressed. Specifically, secure adults are more calmed if their attachment figures (romantic partners, in this case) offer them greater emotional support than instrumental support when they are distressed (Simpson, Winterheld, Rholes, & Orina, 2007). Individuals who were less consistently cared for or rejected by attachment figures and became insecurely attached tend not to

rely on others to reduce their stress (Crittenden & Ainsworth, 1989). Because these individuals learned to cope with distress by being more self-sufficient (Bowlby, 1973), they highly value independence and self-reliance. Emotional forms of care could undermine feelings of strength and emotional independence more than instrumental forms of care. As a result, insecurely attached adults respond better to instrumental forms of care from their romantic partners (Simpson et al., 2007).

Current Research

Attachment styles develop in infancy based on the type of care a child receives from his/her caregiver, and they continue to be an important predictor of behavior throughout a person's lifetime (even if the attachment style itself changes over time). A person's attachment style relates to childhood and preadolescent behavior (Ainsworth, 1967; Boldt et al., 2017; Bowlby, 1982) and behavior in adulthood (Bartholomew & Horowitz, 1991; Pietromonaco & Feldman-Barrett, 1997; Weiss, 1991), particularly behavior as it pertains to romantic relationship partners (Collins, 1996; Mikulincer & Florian, 1998; Simpson, 1990). Securely attached individuals are comfortable depending on others and being depended on themselves, and tend to be fairly trusting of others and of their attachment figures. Those with insecure attachments tend to be untrustworthy, clingy, or generally dismissive. Likely because of these specific traits and orientations to the world, an adult's attachment style results in a preference for different types of care following a distressing relationship experience (Collins et al., 2006; Tran & Simpson, 2009). Securely attached individuals prefer an emotional form of caregiving from their

partner, whereas insecurely attached individuals prefer instrumental care (Collins et al., 2006; Tran & Simpson, 2009).

This past research has demonstrated the pervasive influence of attachment styles on people's own thoughts and behaviors, but one open question is whether the influence of attachment styles on a person's thinking is so pervasive that it also affects the ways in which individuals judge others' relationships. To date, no one has explored how attachment style relates to an individual's views on external (i.e., non-personal) situations. Discovering that this bias exists could provide insight into how attachment styles relate to the perception of a successful relationship. Acknowledging that attachment style might be so impactful on people that it colors their view of the world even when they are not personally involved in a situation would demonstrate the power of attachment style as an influential individual difference variable. The theory that attachment style is impactful throughout the lifespan (Bowlby, 1951, 1960, 1969, 1982) would have further support as well, giving researchers a better understanding of how attachment styles affect individuals.

The current study explores the issue of pervasiveness of attachment styles biases by exploring whether a finding that has been observed in the literature – differential preferences for type of care by individuals with different attachment styles – can be replicated when simply making judgments about someone else's relationship. Participants were asked to read one of four vignettes that described a mild relationship conflict in a heterosexual romantic relationship (i.e., how much time the two people should spend together). The male partner then expressed a form of instrumental care, emotional care,

physical care, or provided no support to his partner (as in Simpson et al., 2007).

Participants were then asked several questions designed to measure their evaluation of the success of that relationship, in addition to completing a standard measure of attachment style.

It is hypothesized that type of care will affect how individuals evaluate the observed relationship, and that the way in which care affects evaluations will differ for individuals with different attachment styles (consistent with the personal care preferences observed in Simpson et al., 2007). Specifically, insecurely attached individuals who observe instrumental care will evaluate the relationship more positively than when they observe emotional or physical care. On the other hand, securely attached individuals who observe emotional care will evaluate the relationship more positively than when they observe instrumental or physical care. If these predictions are confirmed, it would mean that not only do attachment styles relate to an individual's personal preferences in relationships, but also judgments of others' relationships.

Method

Participants

Sixty-one undergraduate students (24 males, 36 females, and one unreported) from the Introduction to Psychology participant pool at Drew University participated in the study for partial course credit. The researcher successfully completed an NIH web-training course about the protection of human participants, and all materials and procedures for this study were approved by Drew University's Institutional Review Board in accordance with University policy.

Materials

Relationship vignette. Participants were randomly assigned to one of four possible vignettes describing a heterosexual romantic relationship. In the vignette, the male partner (William) gave the female partner (Olivia) instrumental, emotional, physical, or no care after a minor verbal disagreement about the amount of time they spend together during the week (see Appendix A).

Manipulation/Comprehension check questions. Participants were asked three questions to determine whether they were paying attention and understanding the vignette. These included two comprehension checks, “How long have William and Olivia been dating?” and “What is something William and Olivia like to do together?”, and one manipulation check, “What did William do or say to Olivia when he realized she was upset?”

Evaluation questions. Participants were asked several questions that measured their thoughts and feelings about the relationship described in the vignette (see Appendix B). Primary dependent variables included “Overall, how would you evaluate Olivia and William’s relationship?” and “How confident are you that William and Olivia will still be together after one year?” To not lose the opportunity to look at 15 more specific items that could have been affected by the manipulation, additional data was collected as well. These other 15 evaluation questions (e.g., “How angry do you think Olivia is with the relationship?”) were considered ancillary dependent variables. Participants answered all items on a 7-point Likert scale (1- not at all, 7- extremely).

Adult Attachment Questionnaire. Participants completed the Adult Attachment Questionnaire (AAQ), a 17-item survey measuring an individual's attachment style. This is a standardized self-report measure that has been used in past research on this topic (Collins et al., 2006; Simpson et al., 1996; Simpson et al., 2002; see Appendix C). Specifically, it measures an adult's current attachment style by assessing his or her preference for closeness with others and comfortability depending on others and being depended on. Higher scores on the AAQ indicate a more insecure (anxious or avoidant) attachment, whereas lower scores indicate a more secure attachment.

Procedure

Participants completed the study individually or at the same time as one other person. When they arrived at the research suite, they were seated at individual computers and were given instructions. They were told that the study explores the evaluation of a couple's romantic relationship, and the consent form was explained. Once participants indicated that they were 18 years of age or older and consented to participating in the study, they were brought to a screen that presented one of the four relationship vignettes. After reading the vignette, participants were asked to complete a series of questions regarding their perception of the relationship and of the individuals involved. After answering these questions, participants completed the AAQ to measure their own attachment style. The survey also included questions regarding the participants' relationship status, age, and gender. After completing these questions, participants were debriefed.

Results

This study examined whether participants with different attachment styles tended to have different evaluations of the actions of others in a vignette about a romantic relationship. The study included one between-participants independent variable of type of care exhibited in the vignette (instrumental, emotional, physical, or no care/control), and two primary dependent variables: overall evaluation of the relationship and ratings of how likely it would be that the couple would still be together after one year. The study also included one participant variable of attachment style- secure or insecure- as measured by the AAQ. It was expected that insecurely attached individuals who observed instrumental care would evaluate the relationship more positively than when they observed emotional or physical care. Securely attached individuals who observed emotional care were expected to evaluate the relationship more positively than when they observed instrumental or physical care.

Participants completed several comprehension and manipulation checks at the end of the study to ensure they were both paying attention to the study vignette and remembering the manipulation. Participants completed two different comprehension checks, and the data indicated that they were clearly attuned to the information in the vignette (item one: 93.3% correct, item two: 93.3% correct). On the third item, which was a manipulation check, 6 participants left the question blank, but 54 of the remaining 55 participants answered the question correctly. Overall, participants seemed to have done well and answered the questions correctly, and therefore no participants' data were removed from the analyses reported below in order to preserve statistical power.

In order to test the hypotheses, two hierarchical multiple regression analyses were run on the primary dependent variables. To prepare the data for analysis, dummy variables representing the manipulated type of care variable were created. For the AAQ, after reverse coding the items that required reverse coding (items a, c, d, k, l, p, q, r – see Appendix C), scores on all 17 items were summed to create a single measure of attachment style (Chronbach's $\alpha = .86$). Lower scores on this measure indicated a more secure attachment and higher scores indicated a more insecure attachment (Range = 26.00-107.00, $M = 62.74$, $SD = 17.72$). Total AAQ scores were then centered by subtracting the mean from each score. Interaction terms were created by multiplying the type of care dummy coded variables by the centered AAQ scores. The first block of the regression contained the dummy-coded condition variables. The centered AAQ variable was entered into the second block, and the interaction variables were entered into the third and final block. The two primary dependent variables were the participants' overall evaluations of the relationship and their rating of the likelihood that the couple would still be together after one year.

The regression analysis exploring participants' scores on their overall evaluation of the couple's relationship indicated that the model was not statistically significant, $F(7, 45) = .60$, $p = .75$. The R^2 value indicated that approximately 8.6% of the variance in overall evaluation scores could be explained by type of care condition and AAQ scores collectively (see Figure 1). There was no main effect of condition, $F(3, 49) = .41$, $p = .75$, no main effect of AAQ score, $F(1, 48) = .29$, $p = .60$, and no interaction effect, $F(3, 45) = .91$, $p = .44$.

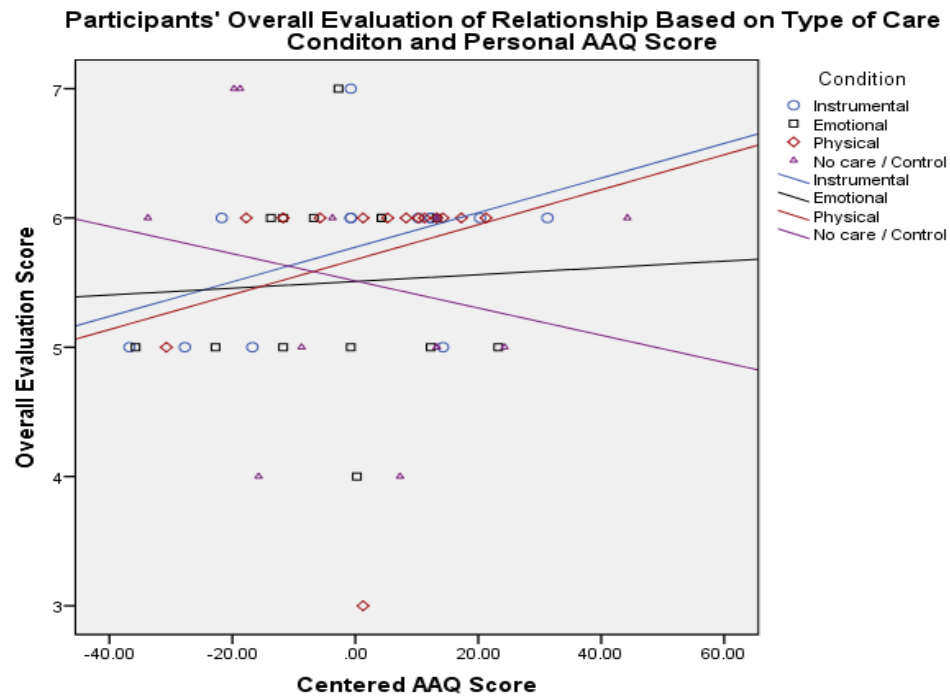
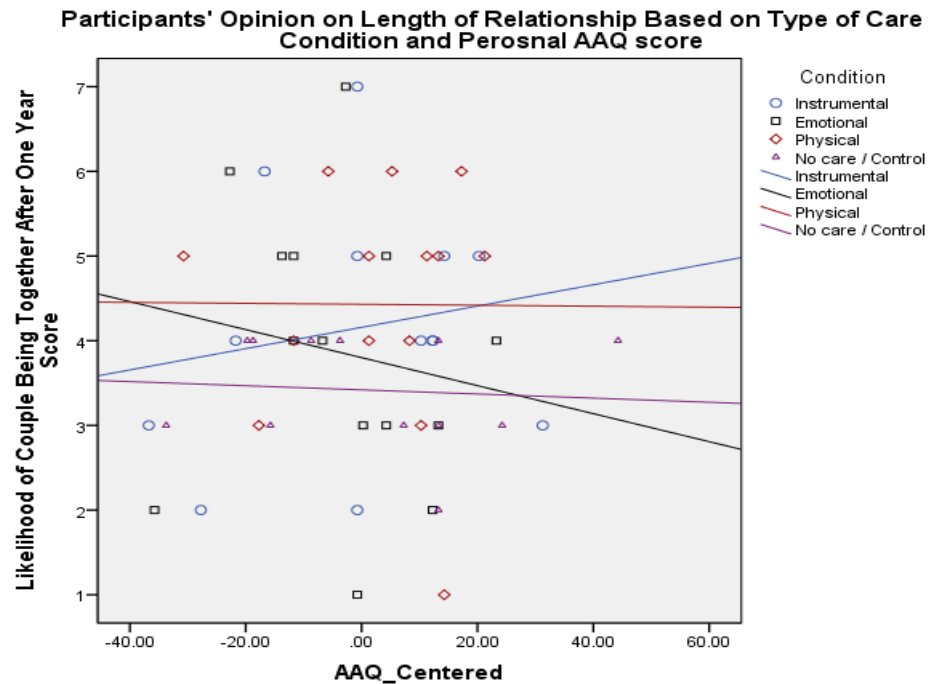


Figure 1. Overall evaluation of the relationship.

A second multiple regression analysis exploring participants' ratings of the likelihood of the couple being together after one year indicated that the model was not statistically significant, $F(7, 45) = .632, p = .726$. The R^2 value indicated that approximately 9% of the variance in participants' judgments could be explained by type of care condition and AAQ scores collectively (see Figure 2). Again, the test of R^2 change indicated there was no main effect of care condition, $F(3, 49) = 1.29, p = .30$, no

main effect of AAQ score, $F(1, 48) = .00, p = .98$, and no interaction effect, $F(3, 45) =$



.27, $p = .85$.

Figure 2. Opinions on likelihood of couple being together after one year.

These same regression analyses were conducted on all fifteen ancillary dependent variables as well. Other than four condition main effects discussed below, there were no other main effects of type of care condition, AAQ score, or interaction effects. Because of the lack of any statistically significant effects involving the AAQ and because of the amount of ancillary dependent variables, analyses of variance were used for the remaining analyses. A mixed-model ANOVA was conducted on all 15 ancillary dependent variables to examine whether there was an interaction between question and type of care condition. This approach was chosen so as not to significantly increase Type I error by conducting 15 separate ANOVAs on these variables. According to the results of the ANOVA, there was a statistically significant interaction, $F(16.41, 295.37) = 1.76$,

$p = .04$. Approximately 8.9% of the variance in responses to the ancillary dependent variables can be explained by the interaction, controlling for main effects. Due to the significance of this interaction, which showed that there were differences in responses to questions based on type of care conditions, one-way ANOVAs were conducted on the four ancillary dependent variables where significant main effects of type of care condition were found.

A one-way ANOVA with type of care as the IV and “How angry is Olivia with the relationship?” as the DV indicated a statistically significant effect of type of care, $F(3, 56) = 3.35$, $p = .03$. Condition means and standard deviations are provided in Table 1. LSD Post-Hoc tests indicated that participants felt Olivia was angrier in the physical condition compared to the instrumental ($p = .003$) and no care conditions ($p = .05$). There was no statistically significant difference between the instrumental and emotional conditions.

There were also statistically significant differences in the opinions about how frustrated Olivia was with the relationship based on the type of care condition, $F(3, 56) = 3.23$, $p = .03$. According to the LSD tests, participants felt Olivia was significantly more frustrated in the physical condition compared to the instrumental ($p = .005$) and emotional conditions ($p = .02$).

Statistically significant differences in participants’ opinions about how comforted Olivia was by the support given by William based on type of care condition were also found using a one-way ANOVA, $F(3, 56) = 3.52$, $p = .02$. The results of the LSD test indicated that participants felt Olivia was significantly less comforted by William’s

caregiving in the no care condition compared to the emotional ($p = .003$) and physical ($p = .02$) care conditions. Participants' opinions on how satisfied Olivia was with the support given by William were also significantly different according to the ANOVA, $F(3, 56) = 3.01, p = .03$. The LSD test indicated that participants felt Olivia was significantly less satisfied with the support given by William in the no care condition compared to the emotional ($p = .005$) and physical ($p = .03$) care conditions.

Table 1.

Means and Standard Deviations of Care Conditions

Dependent Variable	Instrumental Care Condition <i>M (SD)</i>	Emotional Care Condition <i>M (SD)</i>	Physical Care Condition <i>M (SD)</i>	No Care/ Control Condition <i>M (SD)</i>
How angry do you think Olivia is with the relationship?	2.07 (1.22)	2.60 (1.12)	3.40 (1.24)	2.93 (1.16)
To what extent do you believe Olivia was comforted by William's caregiving?	4.00 (1.60)	4.73 (1.39)	4.27 (1.83)	2.93 (1.45)
How frustrated do you think	3.27 (0.88)	3.47 (1.13)	4.40 (0.99)	3.67 (1.23)

Olivia is with the relationship?				
To what extent do you believe Olivia was satisfied by the support given by William?	3.93 (1.49)	4.73 (1.39)	4.39 (1.84)	3.13 (1.25)

Discussion

This study investigated the influence of type of care described in a relationship vignette and attachment style on the overall evaluation of a college-aged couple's romantic relationship. After a relatively minor relationship conflict, type of care from the male partner to the female partner was instrumental, emotional, physical, or absent. The participants' attachment styles were measured using the AAQ. In this section, the major findings of the study are highlighted, this study is placed in a larger context of research on attachment styles, and the implications for future research and attachment processes are considered.

The hierarchical multiple regression models conducted on the primary dependent variables (overall evaluation of the relationship and likelihood of the couple being together in one year) revealed that neither statistical model was significant, meaning the hypotheses of the study were not supported. This suggests that neither type of care condition nor AAQ were significant predictors of how participants judged the others'

relationship. These results could be in contrast to those of Collins and Feeney (2000) and Simpson et al. (2007), who found that securely attached individuals preferred an emotional form of caregiving from their partner and insecurely attached individuals preferred instrumental care from their partner. However, it is important to note that the current study was an attempt to extend these results to a slightly different type of situation than the one used in past research – one in which the participants themselves were not directly involved. Attachment style, in this case, may not have been influential enough to alter participants' evaluations of others' relationships, despite the expectation that the outcome would be similar to what had been observed in previous research. In other words, despite the fact that attachment style shapes how people think and behave in personally relevant situations throughout the lifespan, the current study provides no evidence that attachment style shapes the way that people evaluate or think about situations that do not involve themselves directly.

Four type of care condition effects were found. Overall, across all four measures, participants believed that Olivia would feel more negative emotions (angry, frustrated, less comfort, less satisfaction) when receiving physical care from William. These findings provide some preliminary evidence that participants were sensitive to the manipulation in this study, and that participants think that physical care is the least comforting or effective when a couple is having a relationship conflict. Unfortunately, attachment style was not related to this negative evaluation of physical care. This finding may be interesting in terms of preferences for type of care in romantic relationships; it's

possible that future researchers will want to explore this preliminary finding in more detail.

There is ample evidence that attachment style relates to how individuals behave in the face of interpersonal conflicts (Collins & Read, 1990), individuals' emotionality (Hazan & Shaver, 1987; Pietromonaco & Feldman-Barrett, 1997), and their preferences in support seeking and caregiving in romantic relationships (Collins & Read, 1990; Simpson et al., 2007). Therefore, there are a few possible explanations for why the results of this study were not what was expected based on previous research in this area. One possibility is that the participants were not paying attention to the vignettes, and therefore the manipulation of type of care was not salient enough to affect their later judgments. However, this does not appear to be the case given that participants were able to report the type of care they read about at the end of the study and there is some indication that they expected Olivia to feel differently based on the type of care she received. Another possibility is that although the manipulation worked, it simply did not affect the participants' overall evaluation of the relationship of others. In other words, it is possible that the preferences of individuals with particular attachment styles end with the individual and do not carry into their opinions of others' relationships.

Finally, however, it is also possible that methodological changes are needed for a clearer test of the hypotheses. The current study included a non-serious relationship conflict and a population of only college students, and it is possible that these methodological choices prevented effects of type of care and/or attachment style from being found. Future research should continue to explore the possibility of an attachment

style bias in the judgment of other people's relationships by describing a more serious argument or adding some caring behaviors that are described as typical- such as a kind word or show of support. A more serious conflict would likely affect the results by impacting the type of care participants felt Olivia appreciated the most. A mild conflict, in this case, was carefully chosen in consideration of the participants and the desired effect. The conflict needed to be minor enough that participants would feel the types of care were appropriate as a resolution, but not so minor that it did not seem like an issue at all. Also, because participants were college students, it seemed fitting to have a conflict they could easily imagine would be true, seeing as William and Olivia were portrayed at college students, as well. In this study, it seemed as though the physical and no care conditions received the most negative ratings; however, it could be the case that participants would consider physical care more comforting if the conflict were more severe. An increased severity may also be perceived as more threatening, thereby activating attachment style as suggested by Mikulincer et al. (2002) and making it more likely that an effect of attachment style would be observed.

It might also be beneficial to make some changes regarding the assessment of attachment style. Keeping in mind that attachment styles have generally only been measured at one point in time (i.e., not longitudinally) in research using adults as participants, it could be useful to create a longitudinal study to ensure that attachment style as a central individual difference variable is being assessed. Also, making the participants' own attachment styles more salient before the study could lead to significant results. For example, having participants complete the AAQ at the beginning of the study

would force participants to think about their own preferences and feelings about the 17 items. Having these thoughts in the back of their mind while reading the vignettes may cause participants to express some of their own bias a bit more when answering the evaluation questions. The measurement of adult attachment style could also be changed. This study utilized the AAQ (Simpson et al., 1996). However, there is debate in the literature about whether self-report or interview methods are most appropriate for assessing adult attachment styles (Bartholomew & Shaver, 1998). Although new measures of adult attachment are being developed, these issues remain unresolved and await future investigation. One direction for future research would be to distinguish the benefits of using a self-report measure like the AAQ or an interview process. Along these same lines, future research could focus on the difference in results if the types of attachment style were broad, as in this study, or if insecure attachment was broken down into more specific styles, like anxious and avoidant (Bartholomew & Horowitz, 1991; Collins, Ford, Guichard, & Allard, 2006; Overall, Simpson, & Struthers, 2013). This study followed the precedent established by Simpson et al. (1996) in terms of analyzing the AAQ data with regard to two broad attachment styles (secure and insecure). This, however, may exclude important differences between other identified attachment styles, and therefore could be an important starting point for future research.

Expanding the sample of the study may also provide a change in results. Using couples of all ages as participants could possibly affect the responses to the relationship conflict. Older individuals may respond differently, perhaps considering the conflict more or less severe due to their age. Previous research also suggests that participants have very

emotional reactions, and significant results are found, when the study involves a face-to-face conflict with their actual partner (Collins et al., 2006; Mikulincer et al., 2002; Tran & Simpson, 2009). Perhaps this study could be built upon by expanding the population to include couples of all ages rather than just college students, and adjust the methods to include a task to be completed by both partners. Similarly, recruiting confederates to have a relationship conflict in front of participants and then asking participants to reflect on that relationship may also be a beneficial change to demonstrate the true impact of type of care on relationship evaluations.

Conclusion

The notion of attachment styles has been a topic of interest in psychological research for many decades, primarily because a person's attachment style can affect thoughts, feelings, and behaviors in important contexts throughout the lifespan. The current study aimed to explore the pervasiveness of attachment styles biases by examining whether a previous finding suggesting differential preferences for type of care by individuals with different attachment styles can be replicated when participants are asked to make judgments about an observed relationship. It was hypothesized that type of care would affect how individuals evaluate the relationship, and that the way in which care affects evaluations would differ for individuals with different attachment styles (consistent with the personal care preferences observed in Simpson et al., 2007). While there was no direct support for these hypotheses, it is possible that methodological changes or additional explorations into this topic might reveal that there is some effect of these variables on evaluations of others' relationships. It is also possible that attachment

style is not so powerful that it impacts an individual's view of others; perhaps attachment styles are only impactful when individuals are personally involved in a situation. It may also mean that they are malleable across the lifespan, changing depending on the particular events and relationships experienced by the individual. Regardless, it is clear that there are a number of important questions about attachment styles that future research can continue to explore.

References

- Ainsworth, M. (1967). *Infancy in Uganda: infant care and the growth of love*. Oxford, England: Johns Hopkins Press.
- Ainsworth, M. D. (1969). Object relations, dependency, and attachment: A theoretical review of the infant-mother relationship. *Child Development*, 40(4), 969-1025. doi:10.2307/1127008
- Ainsworth, M. D., Bell, S. M., & Stayton, D. J. (1971). Individual differences in strange-situation behaviour of one-year-olds. In , *The origins of human social relations* Oxford, England: Academic Press.
- Ainsworth, M. S. (1989). Attachments beyond infancy. *American Psychologist*, 44(4), 709-716. doi:10.1037/0003-066X.44.4.709
- Ainsworth, M. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Oxford, England: Lawrence Erlbaum.
- Baldwin, M. W., Fehr, B., Keedian, E., Seidel, M., & Thomson, D. W. (1993). An exploration of the relational schemata underlying attachment styles: Self-report and lexical decision approaches. *Personality And Social Psychology Bulletin*, 19(6), 746-754. doi:10.1177/0146167293196010
- Bartholomew, K. (1997). Adult attachment processes: Individual and couple perspectives. *British Journal Of Medical Psychology*, 70(3), 249-263. doi:10.1111/j.2044-8341.1997.tb01903.x

- Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: A test of a four-category model. *Journal Of Personality And Social Psychology*, 61(2), 226-244. doi:10.1037/0022-3514.61.2.226
- Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117(3), 497-529. doi:10.1037/0033-2909.117.3.497
- Boldt, L. J., Kochanska, G., & Jonas, K. (2017). Infant attachment moderates paths from early negativity to preadolescent outcomes for children and parents. *Child Development*, 88(2), 584-596. doi:10.1111/cdev.12607
- Bowlby, J. (1951). Maternal care and mental health. *Bulletin Of The World Health Organization*, 3, 355-533.
- Bowlby, J. (1960). Separation anxiety. *The International Journal Of Psychoanalysis*, 41, 89-113.
- Bowlby, J. (1969). *Attachment and loss: Vol. 1. Attachment*. New York, NY: Basic Books.
- Bowlby, J. (1973). *Attachment and loss, vol. II: Separation* (Vol. 2). New York: Basic books.
- Bowlby, J. (1982). Attachment and loss: Retrospect and prospect. *American Journal Of Orthopsychiatry*, 52(4), 664-678. doi:10.1111/j.1939-0025.1982.tb01456.x
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York, NY, US: Basic Books.

- Bretherton, I. (1985). Attachment theory: Retrospect and prospect. *Monographs Of The Society For Research In Child Development*, 50(1-2), 3-35. doi:10.2307/3333824
- Collins, N. L. (1996). Working models of attachment: Implications for explanation, emotion, and behavior. *Journal Of Personality And Social Psychology*, 71(4), 810-832. doi:10.1037/0022-3514.71.4.810
- Collins, N. L., & Feeney, B. C. (2000). A safe haven: An attachment theory perspective on support seeking and caregiving in intimate relationships. *Journal Of Personality And Social Psychology*, 78(6), 1053-1073. doi:10.1037/0022-3514.78.6.1053
- Collins, N. L., & Feeney, B. C. (2004). Working models of attachment shape perceptions of social support: Evidence from experimental and observational studies. *Journal of Personality and Social Psychology*, 87, 363–383. dx.doi.org/10.1037/0022-3514.87.3.363
- Collins, N. L., & Read, S. J. (1990). Adult attachment, working models, and relationship quality in dating couples. *Journal Of Personality And Social Psychology*, 58(4), 644-663. doi:10.1037/0022-3514.58.4.644
- Collins, N. L., Ford, M. B., Guichard, A. C., & Allard, L. M. (2006). Working Models of Attachment and Attribution Processes in Intimate Relationships. *Personality And Social Psychology Bulletin*, 32(2), 201-219. doi:10.1177/0146167205280907
- DeWall, C. N. (2013). The virtue of problem-solving: Perceived partner virtues as predictors of problem-solving efficacy. *Personal Relationships*, 20(3), 511-523. doi:10.1111/j.1475-6811.2012.01421.x

- Egeland, B., & Sroufe, L. A. (1981). Attachment and early maltreatment. *Child Development*, 52(1), 44-52. doi:10.2307/1129213
- Erickson, M. F., Sroufe, L. A., & Egeland, B. (1985). The relationship between quality of attachment and behavior problems in preschool in a high-risk sample. *Monographs Of The Society For Research In Child Development*, 50(1-2), 147-166. doi:10.2307/3333831
- Feeney, B. C., & Collins, N. L. (2001). Predictors of caregiving in adult intimate relationships: An attachment theoretical perspective. *Journal Of Personality And Social Psychology*, 80(6), 972-994. doi:10.1037/0022-3514.80.6.972
- Fraley, R. C., & Shaver, P. R. (1998). Airport separations: A naturalistic study of adult attachment dynamics in separating couples. *Journal Of Personality And Social Psychology*, 75(5), 1198-1212. doi:10.1037/0022-3514.75.5.1198
- Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal Of Personality And Social Psychology*, 52(3), 511-524. doi:10.1037/0022-3514.52.3.511
- Kirkpatrick, L. A., & Hazan, C. (1994). Attachment styles and close relationships: A four-year prospective study. *Personal Relationships*, 1(2), 123-142. doi:10.1111/j.1475-6811.1994.tb00058.x
- Kunce, L. J., & Shaver, P. R. (1994). An attachment-theoretical approach to caregiving in romantic relationships. In K. Bartholomew, D. Perlman, K. Bartholomew, D. Perlman (Eds.), *Attachment processes in adulthood* (pp. 205-237). London, England: Jessica Kingsley Publishers.

- Londerville, S., & Main, M. (1981). Security of attachment, compliance, and maternal training methods in the second year of life. *Developmental Psychology*, 17(3), 289-299. doi:10.1037/0012-1649.17.3.289
- Mikulincer, M., & Arad, D. (1999). Attachment working models and cognitive openness in close relationships: A test of chronic and temporary accessibility effects. *Journal Of Personality And Social Psychology*, 77(4), 710-725. doi:10.1037/0022-3514.77.4.710
- Mikulincer, M., & Florian, V. (1998). The relationship between adult attachment styles and emotional and cognitive reactions to stressful events. In J. A. Simpson, W. S. Rholes, J. A. Simpson, W. S. Rholes (Eds.) , *Attachment theory and close relationships* (pp. 143-165). New York, NY, US: Guilford Press.
- Mikulincer, M., & Horesh, N. (1999). Adult attachment style and the perception of others: The role of projective mechanisms. *Journal Of Personality And Social Psychology*, 76(6), 1022-1034. doi:10.1037/0022-3514.76.6.1022
- Mikulincer, M., Gillath, O., & Shaver, P. R. (2002). Activation of the attachment system in adulthood: Threat-related primes increase the accessibility of mental representations of attachment figures. *Journal Of Personality And Social Psychology*, 83(4), 881-895. doi:10.1037/0022-3514.83.4.881
- Overall, N. C., Simpson, J. A., & Struthers, H. (2013). Buffering attachment-related avoidance: Softening emotional and behavioral defenses during conflict discussions. *Journal Of Personality And Social Psychology*, 104(5), 854-871. doi:10.1037/a0031798

- Pietromonaco, P. R., & Barrett, L. F. (1997). Working models of attachment and daily social interactions. *Journal Of Personality And Social Psychology*, 73(6), 1409-1423. doi:10.1037/0022-3514.73.6.1409
- Renken, B., Egeland, B., Marvinney, D., Mangelsdorf, S., & Sroufe, L. A. (1989). Early childhood antecedents of aggression and passive-withdrawal in early elementary school. *Journal Of Personality*, 57(2), 257-281. doi:10.1111/j.1467-6494.1989.tb00483.x
- Shaver, P., Hazan, C., & Bradshaw, D. (1988). Love as attachment. In R. J. Sternberg, M. L. Barnes, R. J. Sternberg, M. L. Barnes (Eds.) , *The psychology of love* (pp. 68-99). New Haven, CT, US: Yale University Press.
- Simpson, J. A. (1990). Influence of attachment styles on romantic relationships. *Journal Of Personality And Social Psychology*, 59(5), 971-980. doi:10.1037/0022-3514.59.5.971
- Simpson, J. A., Rholes, W. S., & Nelligan, J. S. (1992). Support seeking and support giving within couples in an anxiety-provoking situation: The role of attachment styles. *Journal Of Personality And Social Psychology*, 62(3), 434-446. doi:10.1037/0022-3514.62.3.434
- Simpson, J. A., Rholes, W. S., & Phillips, D. (1996). Conflict in close relationships: An attachment perspective. *Journal Of Personality And Social Psychology*, 71(5), 899-914. doi:10.1037/0022-3514.71.5.899
- Simpson, J. A., Winterheld, H. A., Rholes, W. S., & Oriña, M. M. (2007). Working models of attachment and reactions to different forms of caregiving from

romantic partners. *Journal Of Personality And Social Psychology*, 93(3), 466-477.

doi:10.1037/0022-3514.93.3.466

Sroufe, L. A., Fox, N. E., & Pancake, V. R. (1983). Attachment and dependency in developmental perspective. *Child Development*, 54(6), 1615-1627.

doi:10.2307/1129825

Tran, S., & Simpson, J. A. (2009). Prorelationship maintenance behaviors: The joint roles of attachment and commitment. *Journal Of Personality And Social Psychology*, 97(4), 685-698. doi:10.1037/a0016418

Troy, M., & Sroufe, L. A. (1987). Victimization among preschoolers: Role of attachment relationship history. *Journal Of The American Academy Of Child & Adolescent Psychiatry*, 26(2), 166-172. doi:10.1097/00004583-198703000-00007

Weiss, R. S. (1991). The attachment bond in childhood and adulthood. In C. M. Parkes, J. Stevenson-Hinde, P. Marris, C. M. Parkes, J. Stevenson-Hinde, P. Marris (Eds.), *Attachment across the life cycle* (pp. 66-76). New York, NY, US: Tavistock/Routledge.

Appendix A

Instrumental Care Condition

William and Olivia are 21-year-old college students. They are both seniors and they attend the same university. They have been dating since their sophomore year (two years). They enjoy watching movies together and both enjoy the outdoors, so they often explore new places and go on hikes. William and Olivia spend a lot of time talking about their shared interests and their relationship. One of the relationship topics William and Olivia often discuss is how much time they spend together during the semester. They do not have any classes together because they have different majors, but usually meet up every night for dinner and often spend the whole weekend together.

Olivia has mentioned that she would like for them to spend more nights together during the week, but William prefers to spend most weeknights in his own dorm. This is not the first time they are having this conversation, and after going back and forth for a while one Saturday evening, they decide to let it go for now and go out to dinner.

William could tell that Olivia was still thinking about their argument when they were getting ready to order dessert. He decided that he would like to continue their conversation in a rational manner. He brought up that school was, after all, their number one priority and that spending more weeknights together could negatively impact their academic performance.

At that point, dessert arrived, they ate their dessert, and they left the restaurant to go back to William's dorm for the evening.

Emotional Care Condition

William and Olivia are 21-year-old college students. They are both seniors and they attend the same university. They have been dating since their sophomore year (two years). They enjoy watching movies together and both enjoy the outdoors, so they often explore new places and go on hikes. William and Olivia spend a lot of time talking about their shared interests and their relationship. One of the relationship topics William and Olivia often discuss is how much time they spend together during the semester. They do not have any classes together because they have different majors, but usually meet up every night for dinner and often spend the whole weekend together.

Olivia has mentioned that she would like for them to spend more nights together during the week, but William prefers to spend most weeknights in his own dorm. This is not the first time they are having this conversation, and after going back and forth for a while one Saturday evening, they decide to let it go for now and go out to dinner.

William could tell that Olivia was still thinking about their argument by the time dessert arrived. He told Olivia how much he cared about her and how much he valued the time that they spend together. William encouraged Olivia to share her thoughts with him so that he could better understand her emotions about the problem.

At that point, dessert arrived, they ate their dessert, and they left the restaurant to go back to William's dorm for the evening.

Physical Care Condition

William and Olivia are 21-year-old college students. They are both seniors and they attend the same university. They have been dating since their sophomore year (two years). They enjoy watching movies together and both enjoy the outdoors, so they often explore new places and go on hikes. William and Olivia spend a lot of time talking about their shared interests and their relationship. One of the relationship topics William and Olivia often discuss is how much time they spend together during the semester. They do not have any classes together because they have different majors, but usually meet up every night for dinner and often spend the whole weekend together.

Olivia has mentioned that she would like for them to spend more nights together during the week, but William prefers to spend most weeknights in his own dorm. This is not the first time they are having this conversation, and after going back and forth for a while one Saturday evening, they decide to let it go for now and go out to dinner.

William could tell that Olivia was still thinking about their argument by the time dessert arrived. He moved closer to her and took her hand in his. When she still looked upset, William put his arm around her shoulders and rubbed her arm, hugging Olivia close to him. He placed a kiss on her temple and tried to comfort her as best he could.

At that point, dessert arrived, they ate their dessert, and they left the restaurant to go back to William's dorm for the evening.

Baseline/ No Care Condition

William and Olivia are 21-year-old college students. They are both seniors and they attend the same university. They have been dating since their sophomore year (two years). They enjoy watching movies together and both enjoy the outdoors, so they often explore new places and go on hikes. William and Olivia spend a lot of time talking about their shared interests and their relationship. One of the relationship topics William and Olivia often discuss is how much time they spend together during the semester. They do not have any classes together because they have different majors, but usually meet up every night for dinner and often spend the whole weekend together.

Olivia has mentioned that she would like for them to spend more nights together during the week, but William prefers to spend most weeknights in his own dorm. This is not the first time they are having this conversation, and after going back and forth for a while one Saturday evening, they decide to let it go for now and go out to dinner.

William could tell that Olivia was still thinking about their argument by the time dessert arrived. He briefly considered trying to comfort her, but ultimately decided he would rather not rehash their issues at that time.

At that point, dessert arrived, they ate their dessert, and they left the restaurant to go back to William's dorm for the evening.

Appendix B

Evaluations of William and Olivia**Overall, how would you evaluate the quality of William and Olivia's relationship?**

1	2	3	4	5	6	7
Extremely Bad		Neither Good nor Bad			Extremely Good	

How satisfied do you think Olivia is with the relationship?

1	2	3	4	5	6	7
Not at all Satisfied		Somewhat			Extremely Satisfied	

How frustrated do you think Olivia is with the relationship?

1	2	3	4	5	6	7
Not at all Frustrated		Somewhat			Extremely Frustrated	

How happy do you think Olivia is with the relationship?

1	2	3	4	5	6	7
Not at all		Somewhat			Extremely	

How committed do you think Olivia is to the relationship?

1	2	3	4	5	6	7
Not at all		Somewhat			Extremely	

How angry do you think Olivia is with the relationship?

1	2	3	4	5	6	7
Not at all		Somewhat			Extremely	

How irritated do you think Olivia is with the relationship?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Not at all Typical

Somewhat

Extremely Typical

How confident are you that William and Olivia will still be together in 6 months?

1

2

3

4

5

6

7

Not at all Confident

Somewhat

Extremely Confident

How confident are you that William and Olivia will still be together in 1 year?

1

2

3

4

5

6

7

Not at all Confident

Somewhat

Extremely Confident

How long have William and Olivia been dating? _____**What is something William and Olivia like to do together?** _____**What is your gender?** _____**What is your current age?** _____**Are you currently in a romantic relationship?**

YES

NO

If yes, for how long? _____**Are you now or have you ever been in a romantic relationship that you would consider a long-term relationship?**

YES

NO

Appendix C

Adult Attachment Questionnaire

Please read the following descriptions and indicate the degree to which you relate to each one.

“I find it relatively easy to get close to others.”

1	2	3	4	5	6	7
Strongly Disagree				Strongly Agree		

“I'm not very comfortable having to depend on other people.”

1	2	3	4	5	6	7
Strongly Disagree				Strongly Agree		

“I'm comfortable having others depend on me.”

1	2	3	4	5	6	7
Strongly Disagree				Strongly Agree		

“I rarely worry about being abandoned by others.”

1	2	3	4	5	6	7
Strongly Disagree				Strongly Agree		

“I don't like people getting too close to me.”

1	2	3	4	5	6	7
Strongly Disagree				Strongly Agree		

“I'm somewhat uncomfortable being too close to others.”

1	2	3	4	5	6	7
Strongly Disagree				Strongly Agree		

“I find it difficult to trust others completely.”

1 2 3 4 5 6 7

Strongly Disagree

Strongly Agree

“I'm nervous whenever anyone gets too close to me.”

1 2 3 4 5 6 7

Strongly Disagree

Strongly Agree

“Others often want me to be more intimate than I feel comfortable being.”

1 2 3 4 5 6 7

Strongly Disagree

Strongly Agree

“Others often are reluctant to get as close as I would like.”

1 2 3 4 5 6 7

Strongly Disagree

Strongly Agree

“I often worry that my partner(s) don't really love me.”

1 2 3 4 5 6 7

Strongly Disagree

Strongly Agree

“I rarely worry about my partner(s) leaving me.”

1 2 3 4 5 6 7

Strongly Disagree

Strongly Agree

“I often want to merge completely with others, and this desire sometimes scares them away.”

1 2 3 4 5 6 7

Strongly Disagree

Strongly Agree

“I’m confident others would never hurt me by suddenly ending our relationship.”

1 2 3 4 5 6 7

Strongly Disagree

Strongly Agree

“I usually want more closeness and intimacy than others do.”

1 2 3 4 5 6 7

Strongly Disagree

Strongly Agree

“The thought of being left by others rarely enters my mind.”

1 2 3 4 5 6 7

Strongly Disagree

Strongly Agree

“I’m confident that my partner(s) love me just as much as I love them.”

1 2 3 4 5 6 7

Strongly Disagree

Strongly Agree